

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 135
Registered No. 483

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. _____ St. _____ Ward _____

2. Full name of child Dora Gonzalez (If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth Oct 15-1929
Month Day Year

8. FATHER Full name Francisco Gonzalez 14. MOTHER Full maiden name Belen Escobar
9. Residence (Usual place of abode) Miami, Arizona 15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 24 (Years) 16. Color or race Mex. 17. Age at last birthday 20 (Years)

12. Birthplace (city or place) Jalisco Mex. 18. Birthplace (city or place) Sonora Mex.
(State or country)

13. Occupation Nature of Industry Miner 19. Occupation Nature of Industry Housewife

20. Number of children of this mother 1 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 P. m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature Cyril M. Brown, M.D. Physician (Physician or midwife).

Given name added from a supplemental report _____ Address Miami, Arizona
Month, day, year _____ Filed Oct 20, 1929 Registrar L. E. Trim

479-1015-259